Dysentery #1

An

Inaugural Dissertation

on the

Dysentery

by

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of Virginia

April the 10th 1811

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Dysentery

Generally makes its appearance about the end of summer, or beginning of autumn, at which time intermittent, and remittent fevers, are most prevalent.— It may however occur at any time, or season, or in any country; and is subject, like all other epidemics, to great variety in appearance and cure.

It generally begins with great lassitude, and inability to motion, chilliness and thirst, loss of appetite, and sometimes a bitter taste in the mouth, with nausea and vomiting.— These symptoms are very soon succeeded, by morbid or irregular action in the arterial system, attended

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with severe pain in the head, excessive thirst, and bilious stools.—

It sometimes however, appears with a variety of affections in the alimentary canal, as costiveness, and not unfrequently pains resembling those arising from colic. And a purging is occasionally the first symptom, but this is not often the case, for the symptoms above enumerated, generally usher in the disease.—

In some cases severe dysenteric pains come on, without any discharge whatever: This was taken notice of by Doctor Sydenham, and called by him dry dysentery— and has been accounted for by Dr Rush, who supposes that the force of the disease is so great in the bowels, as to prostrate them, so much, as to render them incapable of acting on their contents,

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until the excitement is lessened by means of bleed-
ing or purging.— It is not in dysentery alone we
observe a want of secretion or excretion from ex-
cess of morbid excitement.— It takes place in the
kidneys, in the liver, in the eyes, and in gonorrha-
a, constituting what is called a dry clap.—
By neglecting the above symptoms, the disease gradu-
ally gains strength, without exciting much fear in
the patient, until he is attacked with flatulence,
griping, and inclination to go to stool; in indulg-
ing this, nothing is voided, but a little mucus tin-
ged with blood; after this there is generally a
short respite from pain, but this is of short duration.
The matter voided by stool is various; at first re-
sembling a purging of thin excrement, sometimes
blood and mucus, mucus alone, blood and faces,

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and in some cases blood alone, this comes from enlarged
and not from ruptured vessels; as has been supposed;
scybala are sometimes discharged, also balls resem-
bling suet; a membrane is not unfrequently eva-
cuated, which is the effect of inflammation.—
There is considerable pain in the bowels particu-
larly the colon and rectum, and great uneasi-
ness, and nausea at stomach, which shews that the
upper part of the intestinal canal is affected.—
The griping and tenesmus continuing to increase,
the fever which is of the remitting kind, becomes more
considerable.— A symptom has been remarked in
this disease, that is to say, when the patient swal-
lows any thing either solid, or liquid, he has an
instant inclination to go to stool, as if what he
had taken in, passed immediately through him.—

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but it will be found upon examination, to be the same discharge attending the disease, and not what has been swallowed, this is owing to the great irritability of the intestinal canal.—

Unless something be done for the patient at this time, every symptom increasing, the stools will become more frequent and painful with a fœtid smell accompanied with severe griping, and tenesmus.

Nothing excrementitious is discharged, unless a cathartic be administered when small round balls are evacuated termed by authors Scybala— Upon the expulsion of these, there is an alleviation of the distressing symptoms, but this does not continue long, for the complaint increasing with redoubled violence a sebaceous matter is discharged resembling the lotura carnium or washings of flesh with an

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The pulse which until this time was hard, full and tense now becomes small and frequent; the countenance appears dejected, and the eyes lose their accustomed lustre and appear only half-closed during sleep, the tongue and teeth become foul and covered with a dark tenaceous scurf: hiccough comes on, with great prostration of strength.—

The debility progressing the pulse becomes exceeding ly weak frequent and almost imperceptible—

The evacuations are often involuntary and the smell continues to be extremely offensive— The pain, rep ing and tenesmus which until now had been very great, suddenly ceasing, the patient and his friends are flattered with the hope of a speedy recovery.—

The delusion however exists but for a short time;

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is the nausea and vomiting returning, the sweats become cold and clammy, deglutition difficult, if not altogether impossible, subsultus tendinum comes on, aphthæ make their appearance, the extremities become cold, delirium supervenes, and the patient dies.

The appearances on dissection are various in some cases met with no marks of disease whatever, in others when transmitting the acute of inflammation, secondly marks of inflammation, thirdly a membrane, fourthly, bubbles, fifthly, tubercles, sixthly, gangrene, seventhly the inner coat of the intestine abraded, eighthly the liver found generally diseased, ninthly, the spleen is said to be enlarged.

The remote causes of dysentery are the same with those producing bilious and yellow fever &c.

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[illegible] the same disease. There are
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[illegible] terminate in dysentery, and vice versa.
It strikes us when one of these diseases is
[illegible] the other. How ensues nor is it uncom
mon for dysenteric fevers to pass in the form of ter
tians and for the paroxysms of tertians to be re
peatedly attended with griping and stools. The
occurring about the same season of the year gene
rally proves that it does not depend upon specific
contagion, but an impure atmosphere like bilious
and yellow fevers. For these and innumerable other
reasons that could be given, I consider the remote cau
ses to be marsh and human effluvia.

The predisposing cause of dysentery, is debility, and

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induced directly or indirectly. The direct causes are of infinite importance the more so as are generally supposed. Cold this is universally acknowledged to be a frequent cause in producing debility

Filthiness this has always been considered as a prolific source of this disease, and the frequent occurrence in camps and hospitals has been adduced as support of this opinion. Neglect of cleanliness, has no doubt a considerable share in rendering the disease more virulent when it has taken place, and may probably sometimes concur with other causes to produce it, for we find that the poorer class of people, many of whom are destitute of the common necessaries of life, become much sooner affected, both with this and many other diseases, than those who enjoy a higher station.—

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I. remote causes are 1st Heat hence the prevalence of dysentery in warm climates and warm seasons. 2nd Intemperance in eating and drinking. 3rd Immoderate labour or exercise. The causes which act more immediately in inducing a state of irritability in the stomach and intestines are 1st Improper aliment or the immoderate use of improper food. This is the cause why country people are more subject to this disease than those who live in cities. 2nd Animal food of difficult digestion and of an unwholesome quality. 3rd The vegetable acids. 4th Unwholesome water.

In a debilitated and consequently irritable state of the intestines, it only requires the action of stimuli to create the disease in question, and this I think may be very easily, immediately, and completely effected.

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this has been most decidedly proven in my practice to be the immediate cause of mortality.

It is unnecessary to mention the various theories which have been advanced. But Dr Gardner appears to have been the first who had a correct idea of the disease he considered it as a great lurking in the bowels. But as Dr Kirk has given us the most satisfactory theory, I shall mention his namely, the immediate cause of fever in general and consequently of the intermittent state of fever appears to consist in an irregular convulsive action of the arterial system, but this irregular action, in consequence of the weak and debilitated state of the stomach and bowels, is particularly determined upon them. Hence there arise pain inflammation suppuration gangrene &c.

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a practice not one to be adopted, but it must depend
upon the judgement of the physician regarding the
the habit age and constitution of the patient.

Emetics are always useful tho they may be used
when the patient complains of nausea; and especially
when this depends upon a redundancy
of bile, for this purpose Ipecacuanha perhaps will
be found best.

Purgatives have been justly recommended, and
upon their judicious administration, the cure will
in a great measure depend, they act in two ways
first by reducing the excitement in the bloodvessels,
and secondly by discharging the irritating matter
from the intestines which is the cause of the tenes
mus and griping. Clarke and Pringle place the
greatest reliance on purges, and can address their

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daily use, with the view of preventing the removal, they should be of castor or sweet oil, cathartics and the neutral salts. Sulphur has been recommended in the supposition of its acting on the liver or bowels. Calomel has been highly spoken of and is certainly entitled to our attention, which we shall speak hereafter. Cheltenham has been used and under certain circumstances may be employed with advantage, an infusion of this medicine has been said to act as a tonic by Doctor Barton, and after sufficient depletion this form may perhaps be used with advantage. Having premised sufficient evacuations, various remedies present themselves, such as the chalk julep, or a powder composed of opium, spices and creta. this powder has been highly spoken of by Dr Barton

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Sudorifics may be given when the inflammatory diathesis is subdued, or when the system shews a disposition to throw off the disease by the pores; and the best sudorifics will be Dover's or James's powders, they should be assisted in their operation by diluents, such as wine whey, barley water, or flaxseed tea.—

Injections may be used in every stage of the disease, they should be of an oily or mucilaginous nature with the addition of a little laudanum, which relieves the griping and tenesmus, they bring away the irritating matter from the intestines, and assist the operation of purgatives.—

Opium in the cure of dysentery is indispensably necessary, it should be given in small doses during the

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day and large one at night to procure ease and sleep, this it does more effectually than any other remedy.—

Blisters, in this as in many other diseases, are of essential service; they act by easing pain, relaxing the skin and inducing sleep, they may be applied to the wrists, ancles, thighs or abdomen. ——

Deluents and demulcents should be given from the commencement of the disease; they sheath, as it were, the intestines, and obtund the acrimony of their contents.—

Finally, when the above remedies fail, mercury should be resorted to; so as to produce a gentle salivation, the disease, is, in this ~~way~~ cured, by being translated from the bowels, to a part less essential to life.—

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